



August 4, 2021

STATE DATA RE-USE REQUEST KIT

The HCUP Central Distributor manages the dissemination and approved use of HCUP Databases.

Please visit www.hcup-us.ahrq.gov/tech_assist/centdist.jsp

HCUP State Data Re-Use Request

Each application for and approval of HCUP data is project-specific. If you have State-level HCUP data (SID, SASD, or SEDD) from a previous project and wish to use the data for a purpose other than that originally approved, or as concrete projects emerge from approved exploratory work, the current data custodian must submit a "Data Re-Use Request" for review and approval by AHRQ before work may begin on the new project. You must be the current custodian of the HCUP State-level data to submit a re-use request.

AHRQ and the HCUP Central Distributor facilitate access to the State-level HCUP data (i.e., SID, SASD and SEDD), which are owned and regulated by the individual Data Organizations participating in HCUP. Under AHRQ's agreements with these Data Organizations, AHRQ reviews and approves all uses of the State-level data on their behalf.

This hard copy Data Re-Use Request is provided as a courtesy in cases where the online HCUP Central Distributor cannot be used to create and submit requests electronically.

- Your request will be entered into the system within 2 business days. You will be notified via email about the status of your request.
- If the AHRQ reviewers need additional information about your request, you will be notified via email.
- Status emails are sent from Do-Not-Reply-HCUPDistributor@ibm.com and hcupus@us.ibm.com to the email address you provide in your request.

Directions:

1. Print or type all responses. Complete all applicable parts of this request.
2. Part I: Data Custodian Information and Nature of Re-Use Request.
3. Part II: Data Use Agreement (DUA) for HCUP State Databases – provide signed DUAs for yourself and all applicable data users; provide proof of HCUP DUA training for any new data users.
4. Part III: Statement of Intended Use of State Databases and Description of Project Activities.
5. Part IV: HCUP State-level Databases you expect to use in the project.
6. Submit the completed application via postal service, fax or email.

HCUP Central Distributor
IBM Watson Health
5425 Hollister Avenue, Suite140
Santa Barbara, CA 93111

Fax: (805) 979-3787

Email: hcup@ahrq.gov

For privacy protection, please consider password-protecting Re-Use Request Kits sent via email. A third-party Zip utility (such as ZIP Reader, 7-zip, SecureZIP®, or WinZip™) is recommended. Passwords should be transmitted separately.

Questions? Please contact HCUP Central Distributor User Support:

- Email: hcup@ahrq.gov
- Telephone: 866-290-4287 (toll free)

Part I: Data Custodian Information and Nature of Re-Use Request

Data Custodian's User Information:

- **NOTE:** Your email address is your username in the online HCUP Central Distributor. If you use more than one email address and are unsure about which is registered in the system, please provide both to assist us in identifying your account.
- Notifications about this request will be sent to this email address from Do-Not-Reply-HCUPDistributor@ibm.com and hcupus@us.ibm.com.

Email Address: _____

Data Custodian Name: _____

Organization Affiliation: _____

Nature of Re-Use Request

Complete section A or B below as applicable to indicate the nature of your re-use request including whether you are directly involved and who will be leading or coordinating the project.

A. Original data purchaser using the data for a new research project

I, _____, am the original purchaser or current custodian of the HCUP databases listed in this request. My intended use of the HCUP data has expanded beyond what was previously approved by AHRQ. I understand that I may not begin work on this new project until I have received approval from AHRQ indicating that this expanded use is consistent with the HCUP Data Use Agreement (DUA).

As indicated by the DUA, I have required that any collaborators who will have access to the data for this project have completed the online Data Use Agreement Training Course at <https://www.hcup-us.ahrq.gov/> and have read and signed a current DUA prior to being granted access to the data. I have attached the signed DUA(s) and proof of training completion to this request.

Signature: _____ Date: _____

B. Data custodian not involved in the proposed research project

I, _____, am the original purchaser or current custodian of the HCUP databases listed in this request. I authorize _____ as the Project Lead to use the HCUP databases listed for this project, subject to AHRQ approval, and to clarify the details of the project with AHRQ as requested. As the data custodian, I understand that I am still held accountable for the proper use of HCUP data, even by individuals to whom I have given access. Hence, I understand that I am also responsible for any possible misuse of the data (unintended or otherwise) along with the data user(s). Further, I understand that work may not begin on this new project until I have received approval from AHRQ indicating that this expanded use is consistent with the HCUP Data Use Agreement (DUA).

As indicated by the DUA, I have required that all user(s) with whom I intend to share the data for this project have completed the online HCUP Data Use Agreement Training Course at <https://www.hcup-us.ahrq.gov/> and have read and signed a current DUA prior to being granted access to the data. I have attached the signed DUA(s) and proof of training completion to this request.

Signature: _____ Date: _____

Part II: Data Use Agreement (DUA) for HCUP State Databases – Training and Signed DUAs

All users of HCUP data must complete the online HCUP Data Use Agreement (DUA) Training (www.hcup-us.ahrq.gov/tech_assist/dua.jsp) and must agree to the terms of the HCUP Data Use Agreement (DUA).

As the data custodian submitting this data re-use request, you must sign and submit a DUA with this request, and if you have identified a project lead, you must submit a signed DUA from the project lead with this request. In addition, each data user who will access the HCUP data for this project must submit a signed DUA. You are also responsible for providing proof of HCUP DUA Training by all data users new to HCUP. Submitting all necessary proof of training and signed DUAs in the same package will ensure your request can be reviewed and processed efficiently.

Instructions for Proof of HCUP DUA Training:

1. For data users who have provided proof of HCUP DUA training with past projects, you do not need to supply proof in this data re-use request. The HCUP Central Distributor will follow up with you if no proof of training is on file for any data user.
2. For data users who are new to HCUP, including the Project Lead if applicable, you must provide proof of HCUP DUA Training in addition to the signed DUA.

In the grid below, list the HCUP DUA Training Certification Codes and training dates for each new data user, including the Project Lead (if applicable).

Project Lead: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____
Data User: _____	Training Code: _____	Date: _____

Instructions to complete the HCUP Data Use Agreement:

1. Print the Data Use Agreement for the State Databases
 - PDF file, 251 KB: www.hcup-us.ahrq.gov/team/StateDUA.pdf
2. Sign and date the DUA.
3. Insert signed DUA(s) after this page in your completed packet.
4. If applicable, obtain and insert signed DUAs for your project lead and any additional data users.

The Statement of Intended Use is reviewed by AHRQ on behalf of the HCUP Partners. See the Guide for Preparing the Statement of Intended Use for State Databases (PDF file, 143 KB):

- The Statement of Intended Use should include enough information for reviewers to understand how the HCUP data will be used and reported, including compliance with the HCUP Data Use Agreement (DUA) for State Databases.

NOTE: The AHRQ reviewers will put your application on hold and request additional clarification if you do not provide all of the information requested.

1) Project title or summary of research topic (limit 300 characters):

- 2) **Project description**, including the goals and objectives, specific research questions, level of analysis (e.g., patient, hospital, county, state), and how your final product will adhere to the restrictions of the HCUP Data Use Agreement (limit 4,000 characters):

- 3) **Expected end-products** (e.g., peer-reviewed manuscripts, reports, tables) based on this use of the requested HCUP databases **and the intended audiences** of these products (limit 300 characters):

Part IV: HCUP databases to be used (year, State, and database type SID, SASD, or SEDD).

You must be the current data custodian to submit this request to re-use State-level data in your custody.

If desired, you may print the applicable database catalog pages, mark the databases you intend to use for this project, and insert the catalog pages following this page of your packet.

- [Database catalog: HCUP State Inpatient Databases \(SID\)](http://www.hcup-us.ahrq.gov/tech_assist/HCUP-SID-Temp-Catalog-Jul2021.pdf) (PDF file, 228 KB):
www.hcup-us.ahrq.gov/tech_assist/HCUP-SID-Temp-Catalog-Jul2021.pdf
- [Database catalog: HCUP State Ambulatory Surgery & Services Databases \(SASD\)](http://www.hcup-us.ahrq.gov/tech_assist/HCUP-SASD-Temp-Catalog-Jul2021.pdf) (PDF file, 182 KB):
www.hcup-us.ahrq.gov/tech_assist/HCUP-SASD-Temp-Catalog-Jul2021.pdf
- [Database catalog: HCUP State Emergency Department Databases \(SEDD\)](http://www.hcup-us.ahrq.gov/tech_assist/HCUP-SEDD-Temp-Catalog-Jul2021.pdf) (PDF file, 176 KB)
www.hcup-us.ahrq.gov/tech_assist/HCUP-SEDD-Temp-Catalog-Jul2021.pdf

Otherwise, please list the databases intended for re-use including year, State, and database type:
